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A Thesis

on

Dated March 27th
1826

Puerperal Fever)

By

Hugh Wilson

of Virginia

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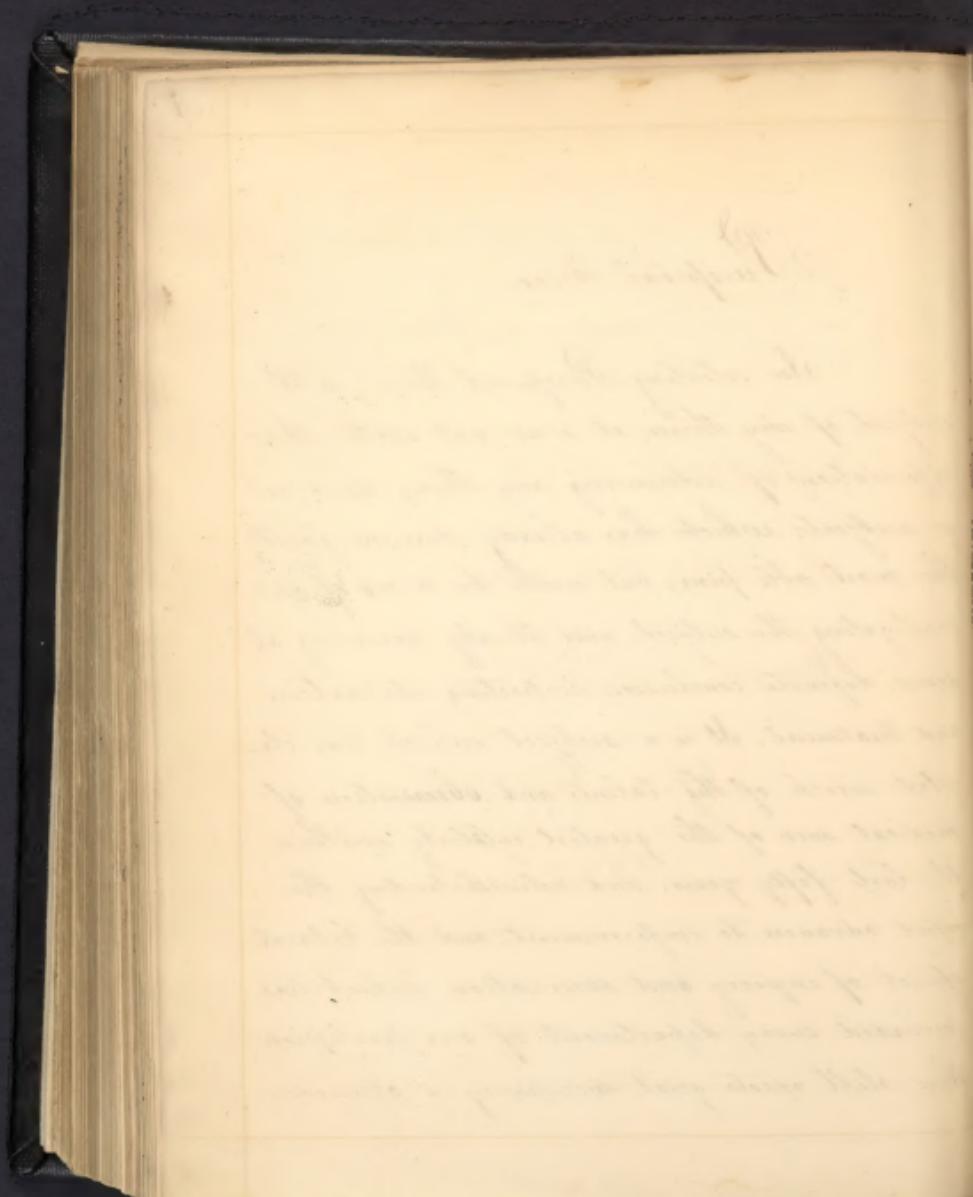
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Puerperal Fever

In selecting Puerperal Fever as the subject of my thesis, it was not with the expectation of advancing any thing new on a subject, which has already drawn forth the most able pens; but with the view of investigating the subject, and thereby arriving at some definite conclusion respecting its nature and treatment. It is a subject which has elicited much of the talents and observation of medical men of the greatest celebrity within the last fifty years; and notwithstanding the rapid advances to improvement, and the liberal spirit of inquiry and observation which has pervaded every department of our profession, there still exists great discrepancy of opinion.



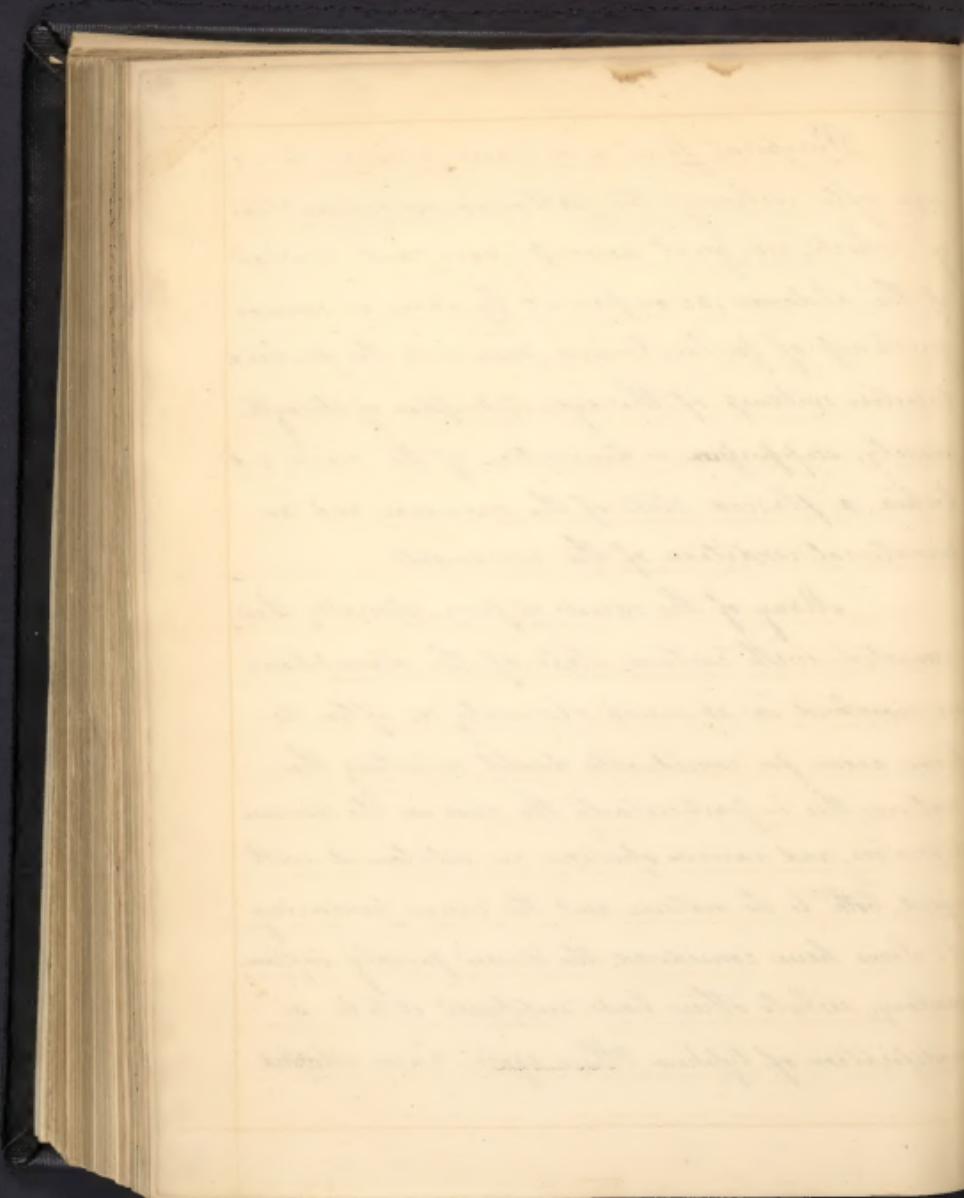
respecting its nature and treatment, so much so indeed, as to distract the mind of the student, and give rise to much doubt and indecision on points of the greatest importance: and moreover, to cause the young practitioner to hesitate in the employment of those remedies, by which he knows he can successfully combat similar symptoms in other diseases.

But an era has arrived in the history of medicine, when, the vague conjectures of the most celebrated individuals, must give place to the inferences of unbiased observation; nor have these improvements been brought about by the labours of any one man, but by a number of men, who, regardless of system, have assiduously investigated particular diseases, and through whose instrumental-ity, experience and reason have gained a signal triumph over the dogmas of the schools, and the prescriptions of speculative authorities.

the first time I have seen it. It is a
large tree, with a trunk about 12
inches in diameter, and a height
of about 15 feet. The bark is
smooth and grey, with some
small lenticels. The leaves are
elliptical, pointed at the apex,
and have a serrated margin.
The flowers are white, and
are produced in clusters at
the ends of the branches. The
fruits are small, round, and
yellowish-green.

Puerperal fever is a disease peculiar to women after delivery, the pathognomonic symptoms of which, are, great scorbutic pain, and tension of the abdomen, accompanied by fever; uncommon quickness of pulse; tensive pain over the forehead, peculiar wildness of the eyes, depression of strength, anxiety, suppression or diminution of the milk and lochia, a flaccid state of the mammae, and an unnatural condition of the excrements.

Many of the causes of fever, especially those connected with certain states of the atmosphere, are involved in so much obscurity as often to leave room for considerable doubt respecting their nature; this is particularly the case in the disease before us, and various opinions are entertained with regard, both to its nature and the causes producing it. Some have considered the disease purely inflammatory, while others have supposed it to be a modification of typhus. Others again have adopted



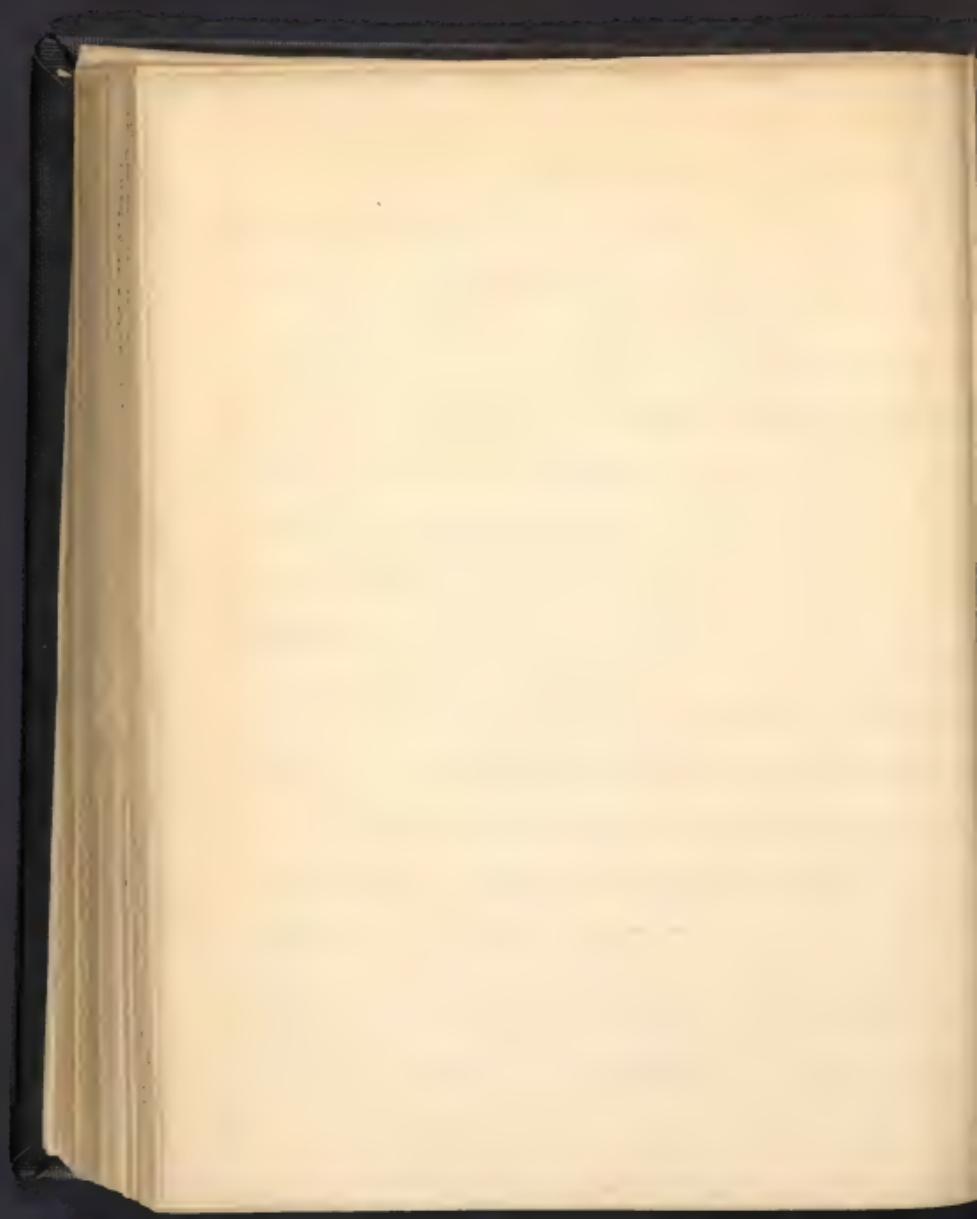
a middle course and believed it to be inflammatory in its commencement, but having in its progress a rapid tendency to the typhoid type.

Dr. Armstrong says, that the disease is of an active inflammatory nature, and pathologically considered, the puerperal peritonitis and the low child bed fever are modifications of the same disease, yet, he has avoided fully identifying them; he further observes, that if there be any difference between them with regard to their inflammatory disposition, that difference surely consists in degree, the vestiges of inflammation being more strikingly evident in the low child bed fever, than in the puerperal peritonitis. Dr. Clark and a number of other writers, have generally considered the epidemic form of the disease to be of a typhoid kind, and on that account more fatal; he has also especially distinguished the low fever of child bed, connected with affections of the abdomen, which is sometimes epidemic, from the

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inflammatory diseases of the uterus, ovaria, and peritonaeum. Dr. Thomas is of the opinion, that it generally has a strong tendency to the typhoid type; he also thinks the disease contagious, and that the fever which accompanies it, is the primary affection, while the appearance of the abdomen are symptomatice. Dr. Culver says, that it is a disease of a nature peculiar to itself; that it is for the most part as simple and regular in its appearance as any disease incident to the human body. Peritoneal fever, and the more common forms of uterine and peritoneal inflammation, are so closely connected, and their diagnostic界限 is indistinctly marked, that the one seems to pass insensibly into the other; so that the real cause of the disease is somewhat obscure and undetermined.

Some have ascribed an undue secretion of mucus to the cause of this disease. Others have supposed it to arise from a redundant, or retarded state of the bile, the secretion of which appears to be much interrupted during the time of gestation. Others

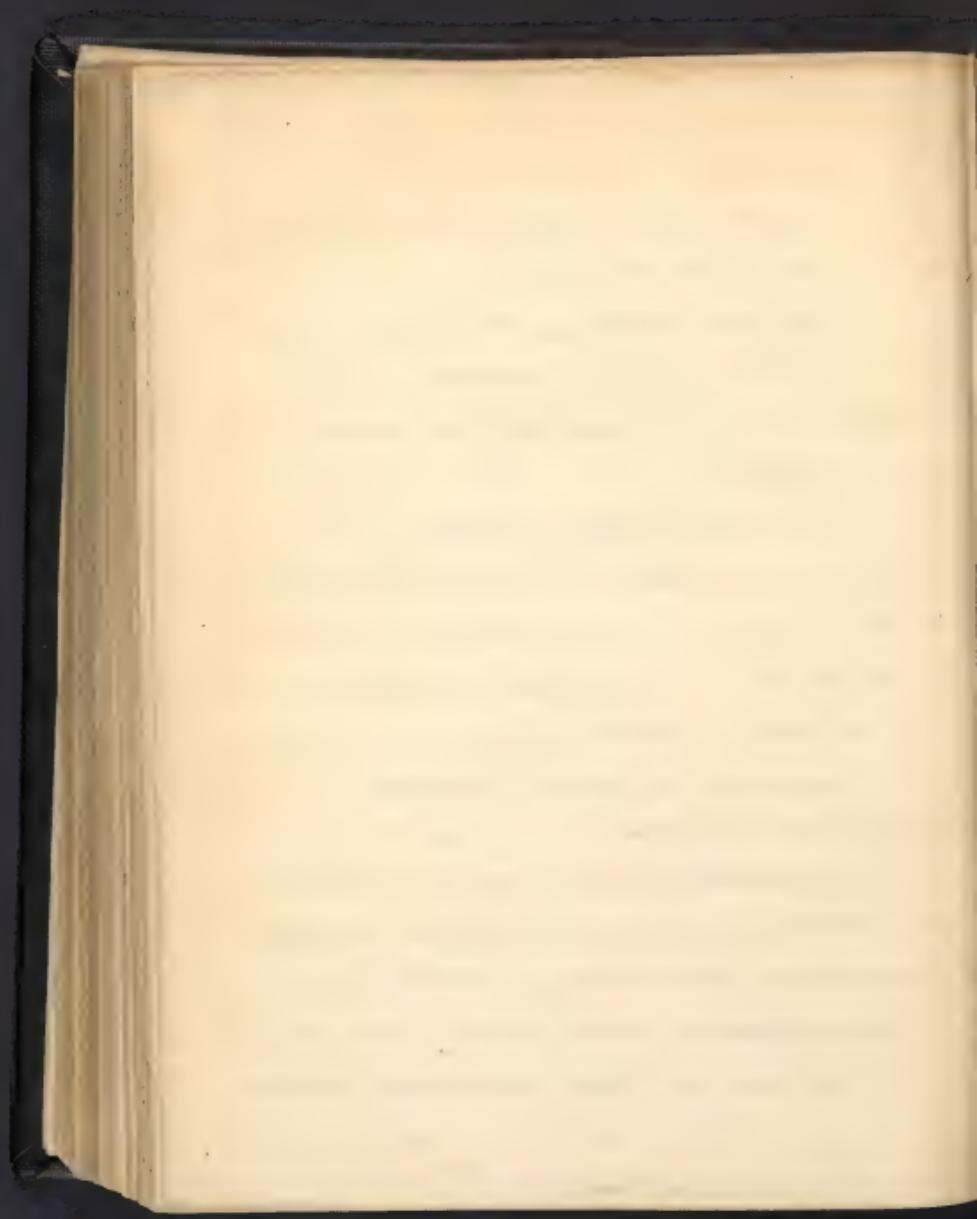


again have supposed it to depend on a storage of the vesicle; but this appears to be only the effect and not the cause of the disease.

With regard to the infectious nature of the disease, a great variety of sentiment has indeed existed; and strong evidence has been advanced on both sides of the living question.

The late Dr. Young, Acupuncturist of midwifery at Etonbury, was of opinion³ that the vesicular fever strictly so called, &c. in every instance, the consequence of contagion: but he concedes, that the contagious matter of the disease is capable only of producing its effects in consequence of a peculiar predisposition given by delivery and its consequences. In support of this doctrine he remarks, that for many years the disease was altogether unknown in the division ward of the Royal Infirmary at Etonbury; but that after it was once introduced into the hospital, almost every woman who, in a short time after delivery, attacked

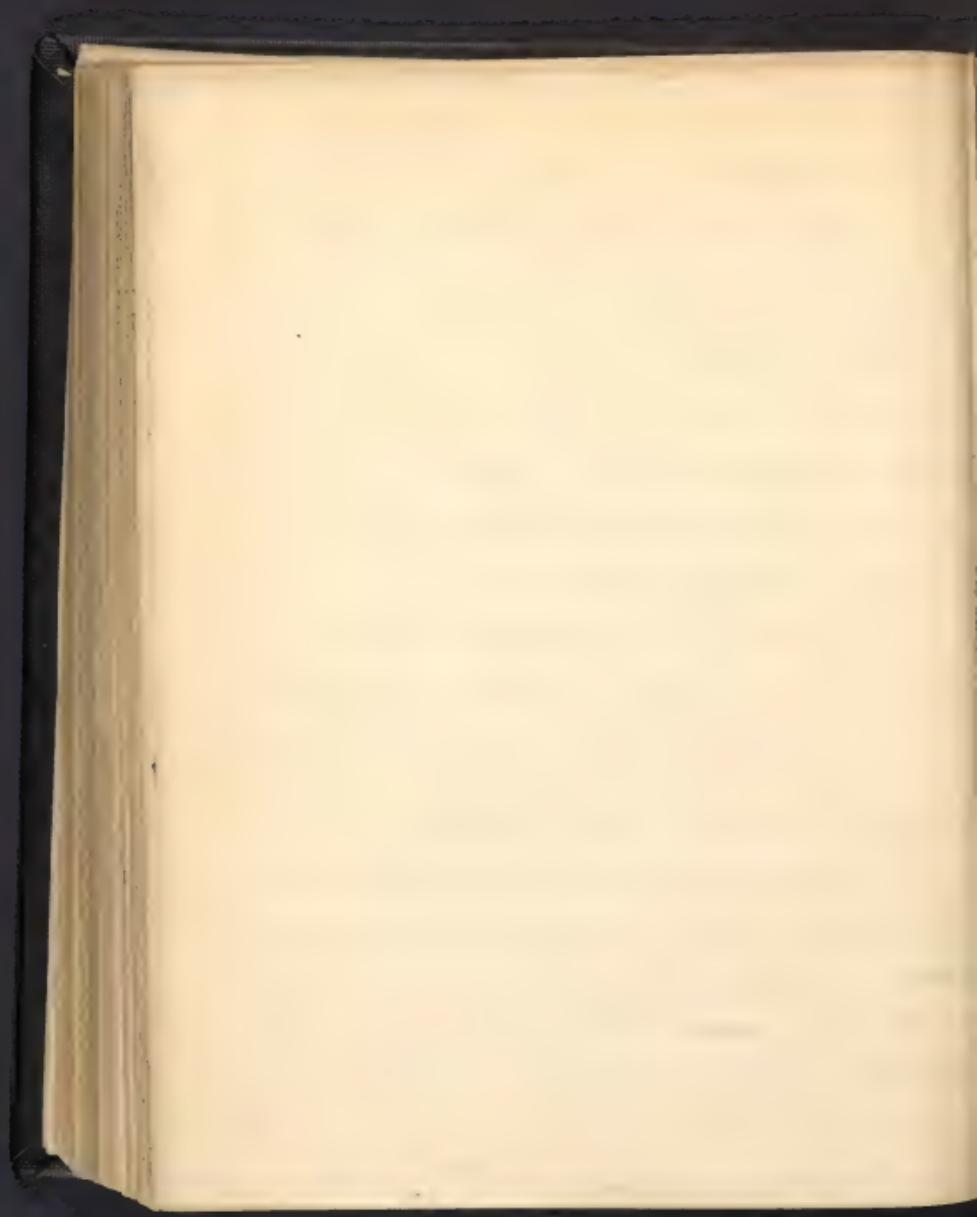
it, was older



with it; although prior to delivery she may have
been over four weeks together, not even in the same
ward with the infected, but even in the very
next bed. Her further remarks that it was only
ridiculed from the hospital in consequence of the
wards being entirely emptied, thoroughly venti-
lated, and newly painted. After these precautions
had been taken in the hospital remained so
free from the disease as formerly.

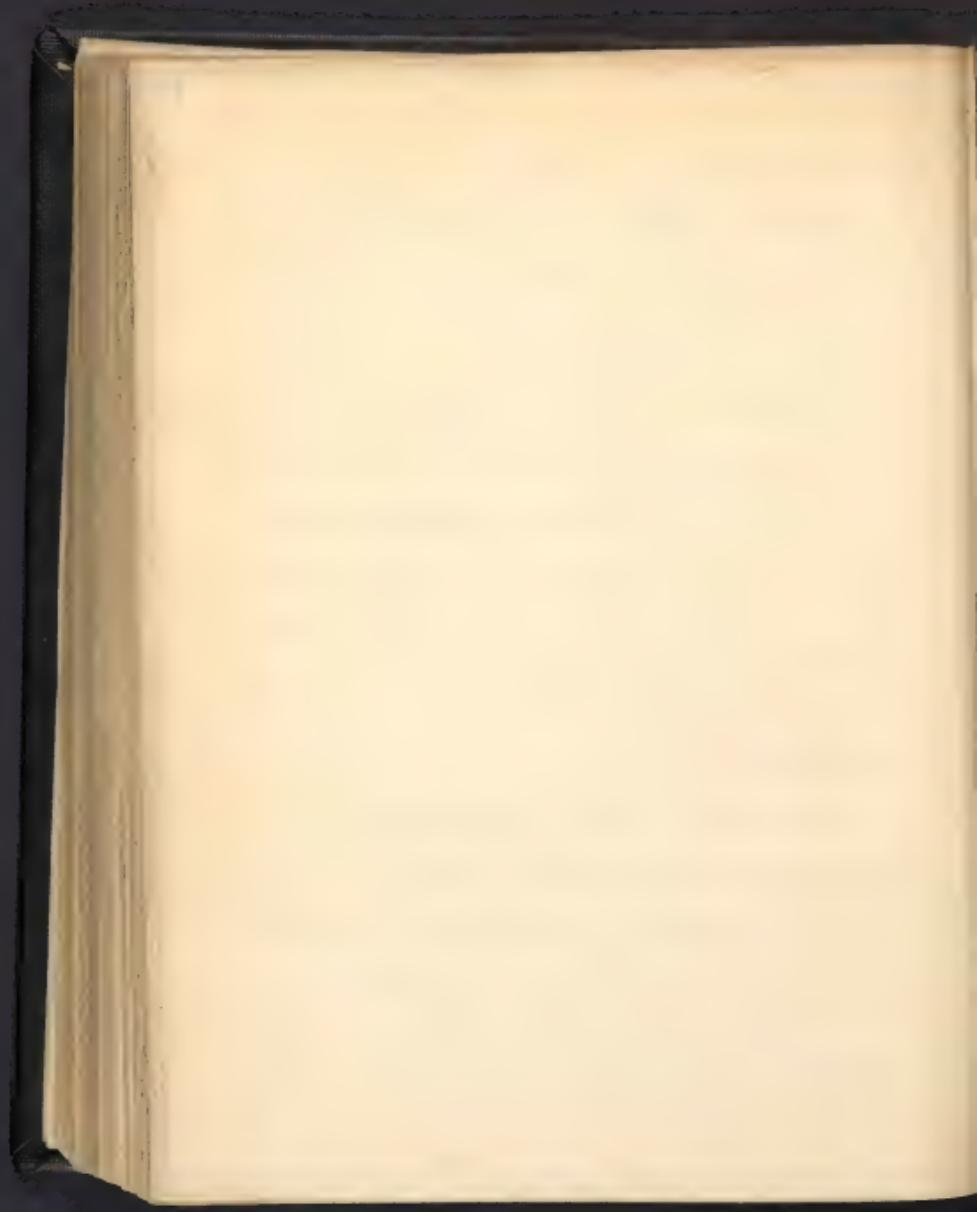
Dr. Smith Black, has stated similar cir-
cumstances in favour of its contagious nature.

Dr. Gordon of Airthorne said, that the disease
was infectious; that it seemed to arise from the
contagion that was carried by the accouchement
nurse, from one lying-in woman to another. On
the contrary so many experienced practitioners, have
spoken so confidently of the non-contagious character
of the disease under its ordinary or sporadic form,
that the subject appears to be uninfected with



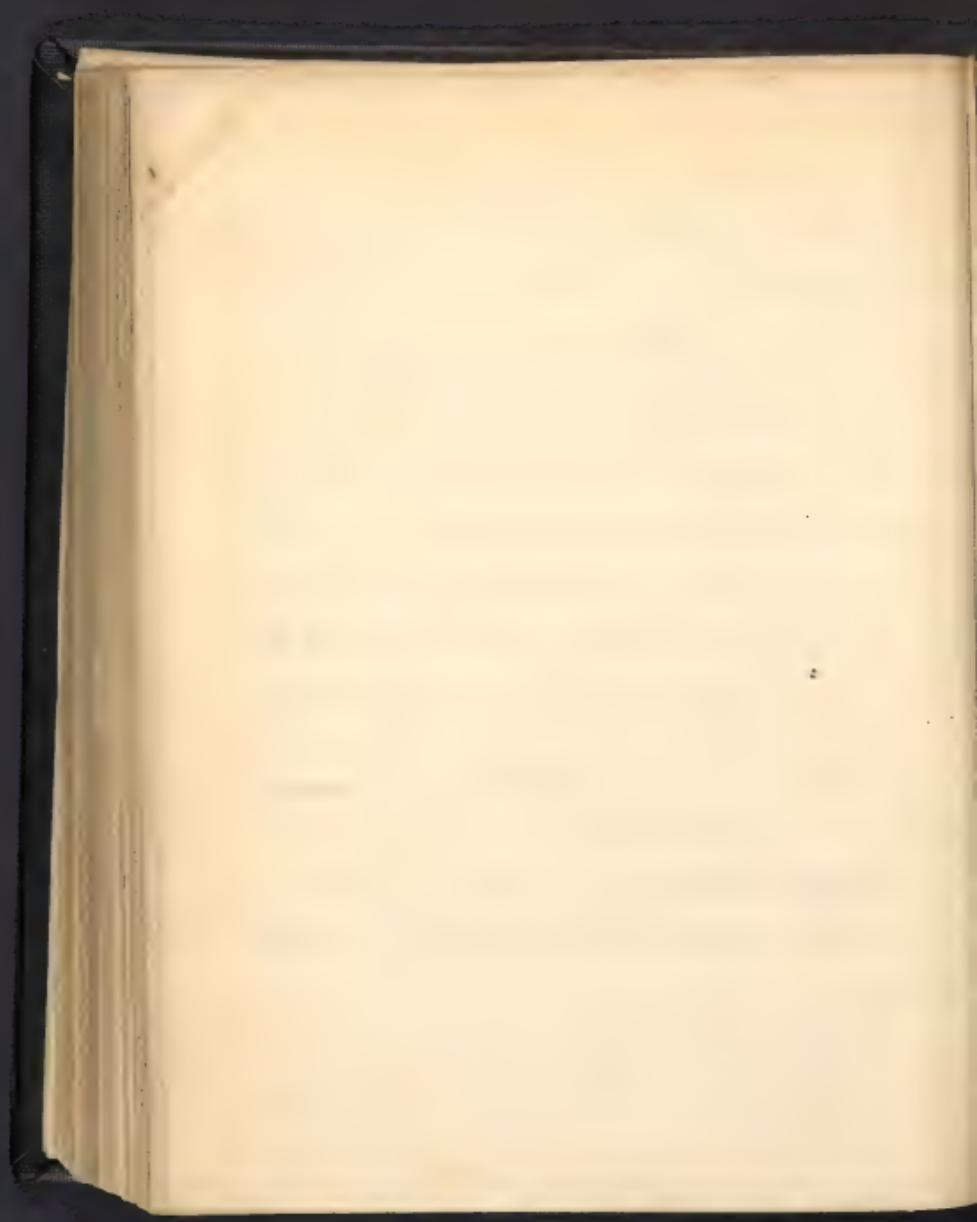
insuperable difficulties. It is, however, agreed on by all to be sometimes epidemic, and on that account more dangerous. After an attentive review of the few authors on the subject, which have come under my notice; it appears to me, that at its commencement, it is usually attended with inflammatory symptoms, and even with local inflammation in the abdominal region, but more particularly the peritoneum or membranes investing them; conjoined with the operation of some debilitating poison; probably in some cases more or less contagious.

Protracted fever generally makes its appearance on the second or third day after delivery; but it has been known to take place a week afterwards. It is generally ushered in by slight shiverings or rigors, succeeded by great distression, nausea, retching, or vomiting, with pain in the head, fiersings of the face, great anxiety and



stupor. When the skinings occur most, the skin becomes hot and dry; the pulse is very frequent, fast and force, varying from one hundred and twenty, to one hundred and forty strokes in a minute; the thirst becomes very urgent, and the tongue is dry and white, but in some few instances moist and clean about the edges, particularly where vomiting has taken place. At this time or very soon after, pain is felt in the abdomen, sometimes very acute and shooting into the back and loins but in other cases more obtuse and confined to one particular part. As the disease advances, the whole abdomen becomes affected, is extremely tender, painful to the touch, leathery and tense. The fulness of the belly generally increases rapidly and sometimes attains almost the size it was before delivery.

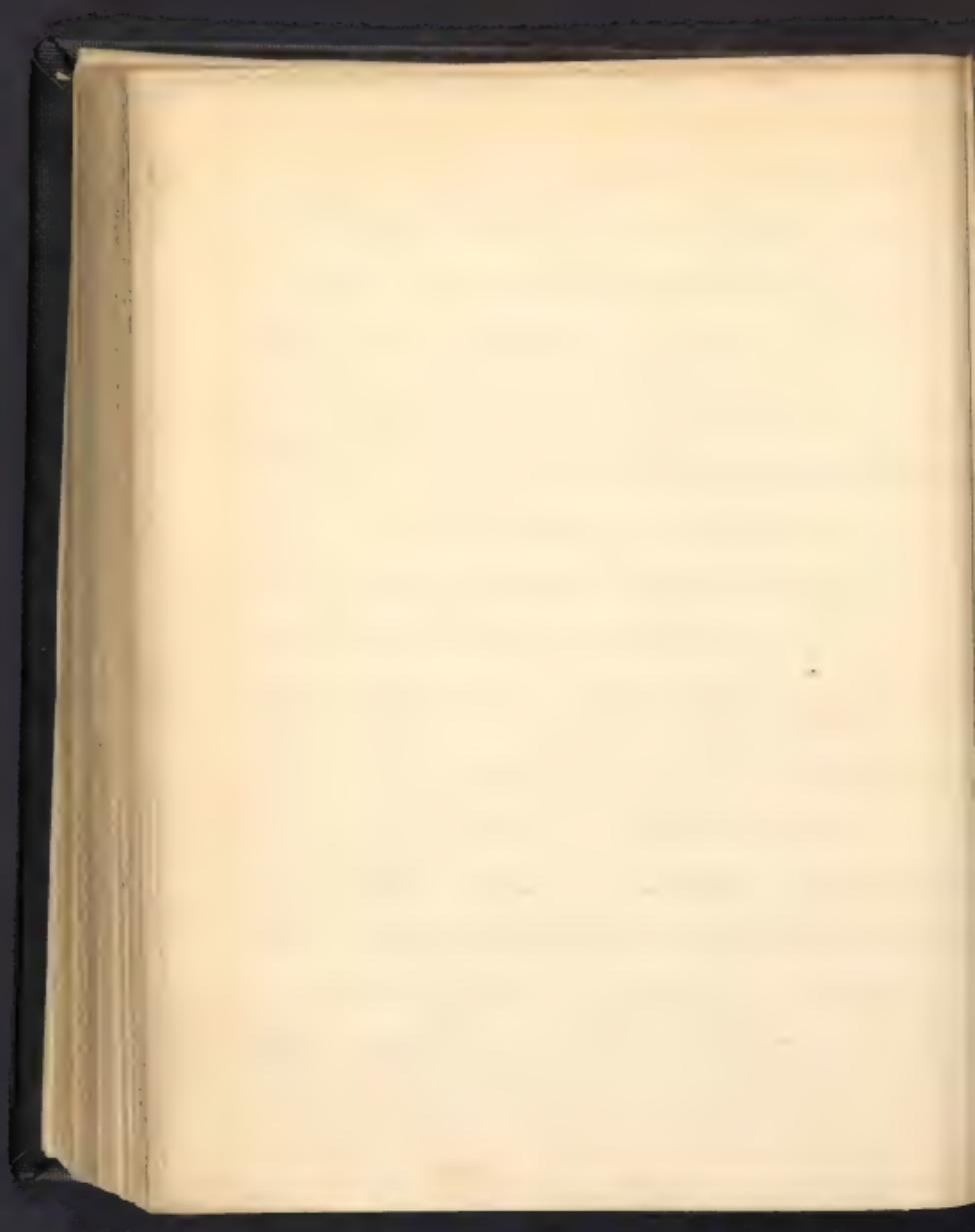
The rectum is more or less affected in every instance; and as the abdomen becomes distended,



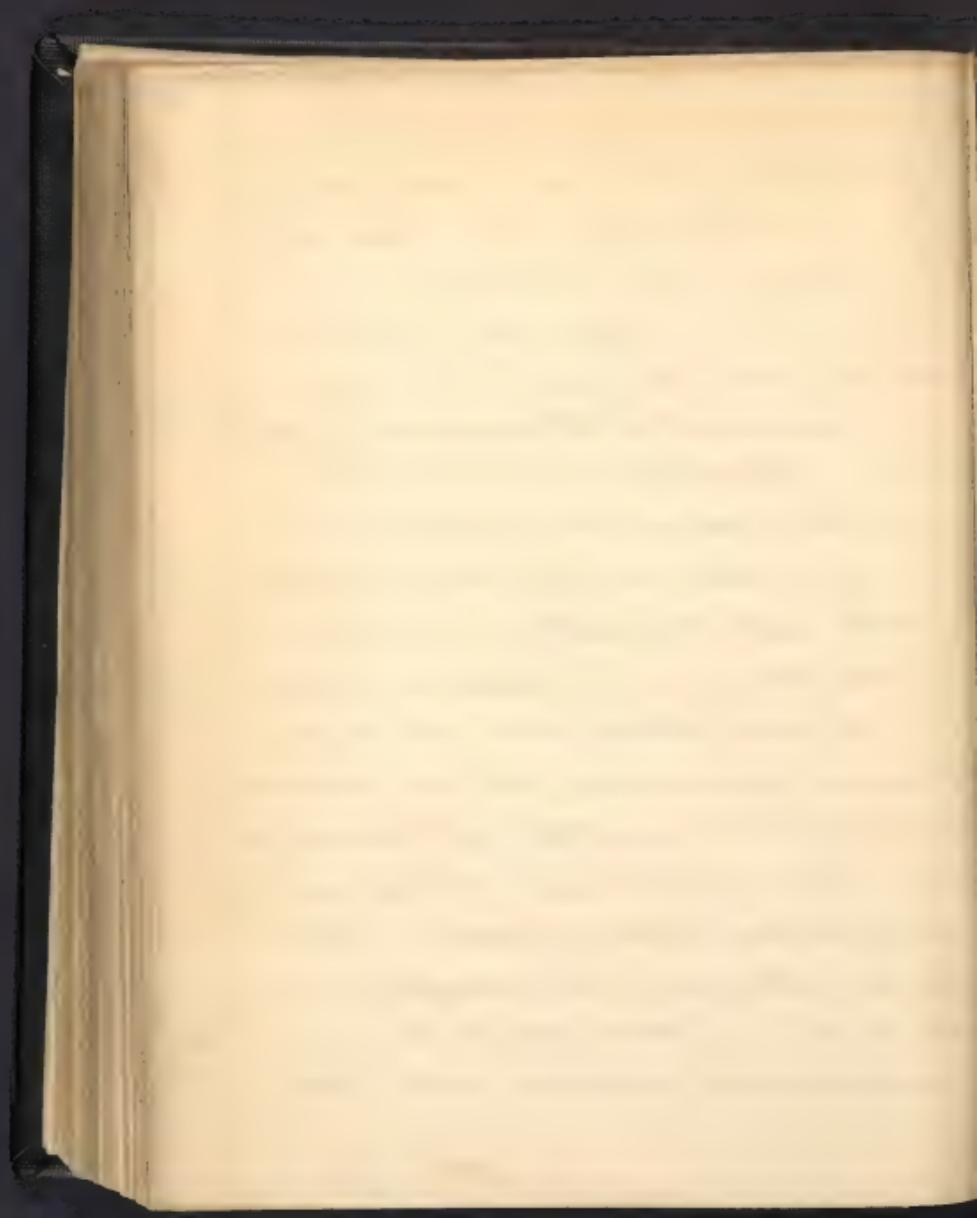
The breathing is more laboured, if the countenance appears, the appearance of great anxiety and distress. The face is sometimes flushed, but generally the countenance is pale, with a peculiar wrinkling of the eyes, and a kind of white stripe is to be observed under them. There is great depression of mind, apparent fatigued, and perspiration is strong.

If the sweating is not commenced, it suddenly stops on the approach of fever, but if the fever abates gradually, the sweat does not appear; in any case the sweat becomes accid, the mother has no inclination to suckle her child, and seldom moves after it.

When the urine is freely urined, the urinæ-cells disappear, or is diminished in quantity, and what flows is of a dark colour and very offensive. The urine is scanty and highly coloured, excreted frequently and with pain; the bowels at first are usually constipated, but

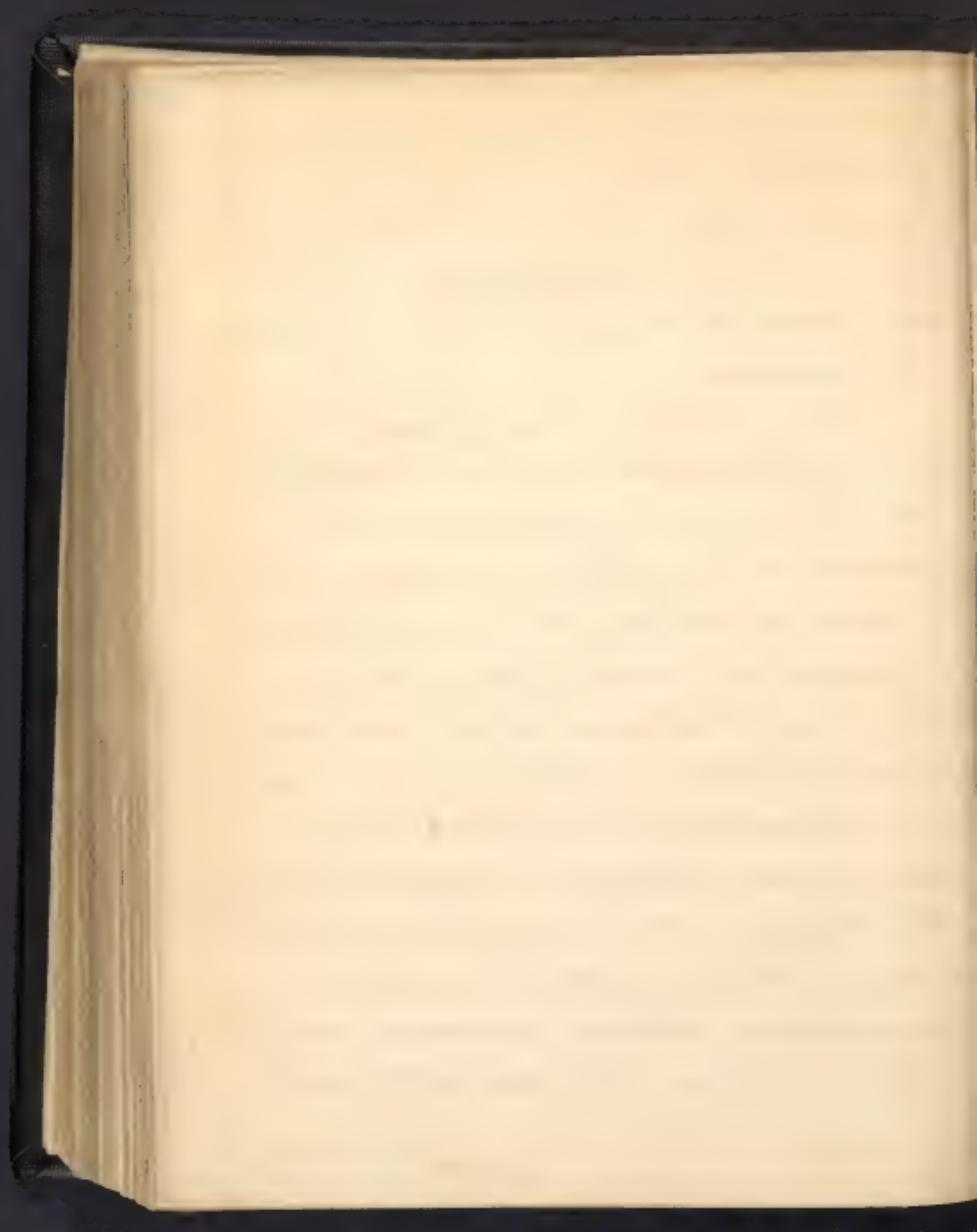


in the progress of the disease a severe purging often occurs, particularly in those cases where the abdomen is much distended, and the discharges are very copious, dark, putrid, and offensive. Vomiting occasionally occurs at the very commencement of the disease, and is of a bilious appearance; but after the disease is somewhat advanced, this symptom becomes very urgent, and to so high a degree as to prevent the smallest quantity of medicine or nourishment from being retained on the stomach; the matter thrown up is of a dark greenish appearance, not often of a disagreeable smell. After this symptom has continued for one or two days, the disease often assumes a malignant and typhoid appearance; (this is the case particularly if the atmosphere predispose to diseases of that nature,) which is marked by great prostration of the vital and



muscular power. The lips, teeth, and gums, are covered with a dark brown fur. The tongue is brown or black, and parched, aphthae beset the whole internal surface of the mouth, and the breath is very offensive.

There is generally more or less affection of the mind; delirium often occurs, and is occasionally of the low and muttering kind, from which the patient sometimes falls into a comatose state. The cheeks are alternately flushed and deadly pale. The eyes loose their luster, the brain gradually and entirely leaves the abdomen, which becomes greatly distended, the stools are fetid, of a dark brown color, and pass off involuntarily; and in some instances, purple spots appear on different parts of the body. Such is the course of periperal fever in general; but under different circumstances the disease assumes different appearances according to the constitution of the patient, the nature

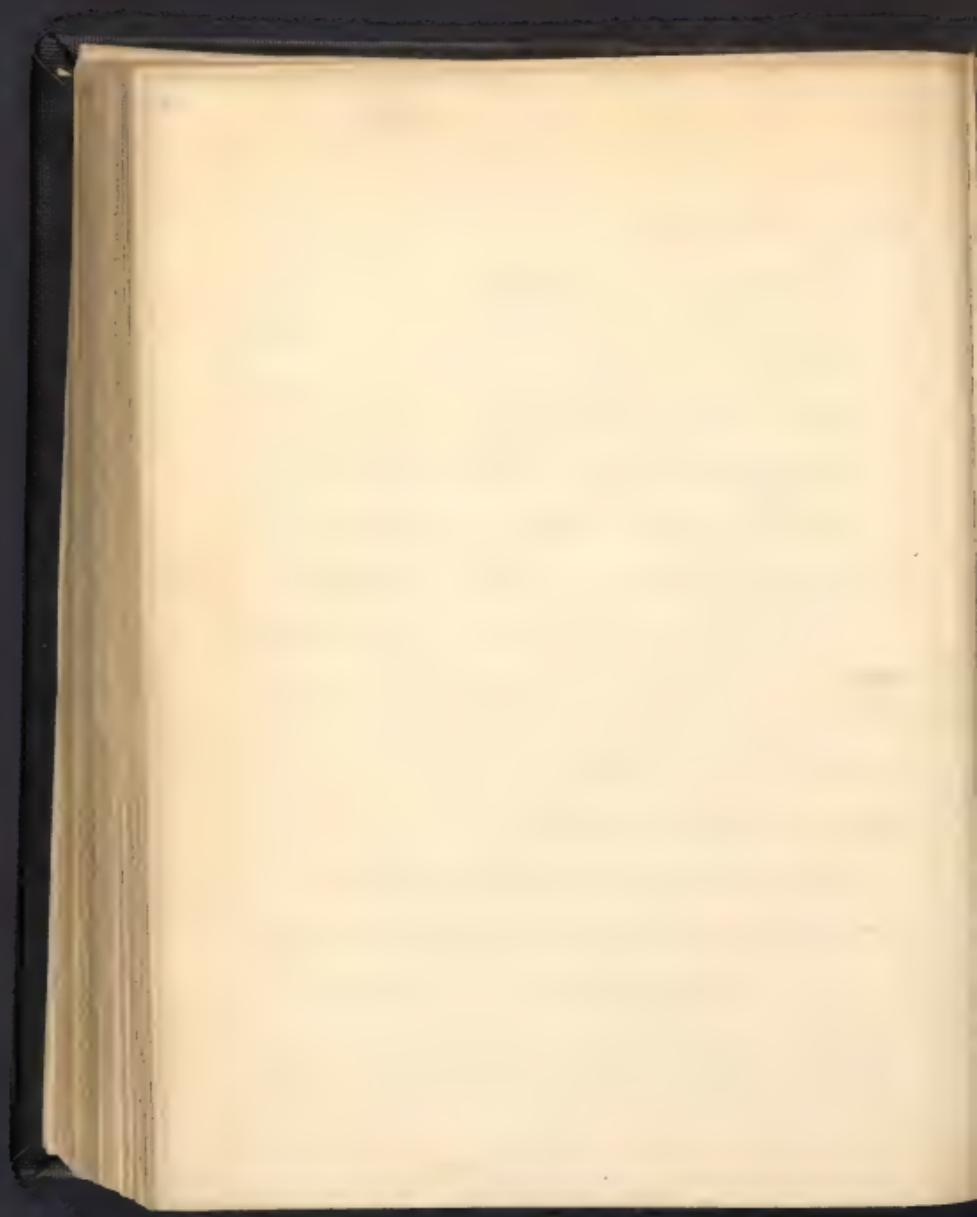


and violence of the disease, and as it occurs some or later after delivery.

Puerperal fever is readily to be distinguished from after pains, by the entire intervals of ease, the absence of fever and abdominal tension in the latter; whereas in the former there is fever with uncommon frequency of pulsation, swelling and tenesmus of the abdomen, which is aggravated by pressure, and the pain is without intermission.

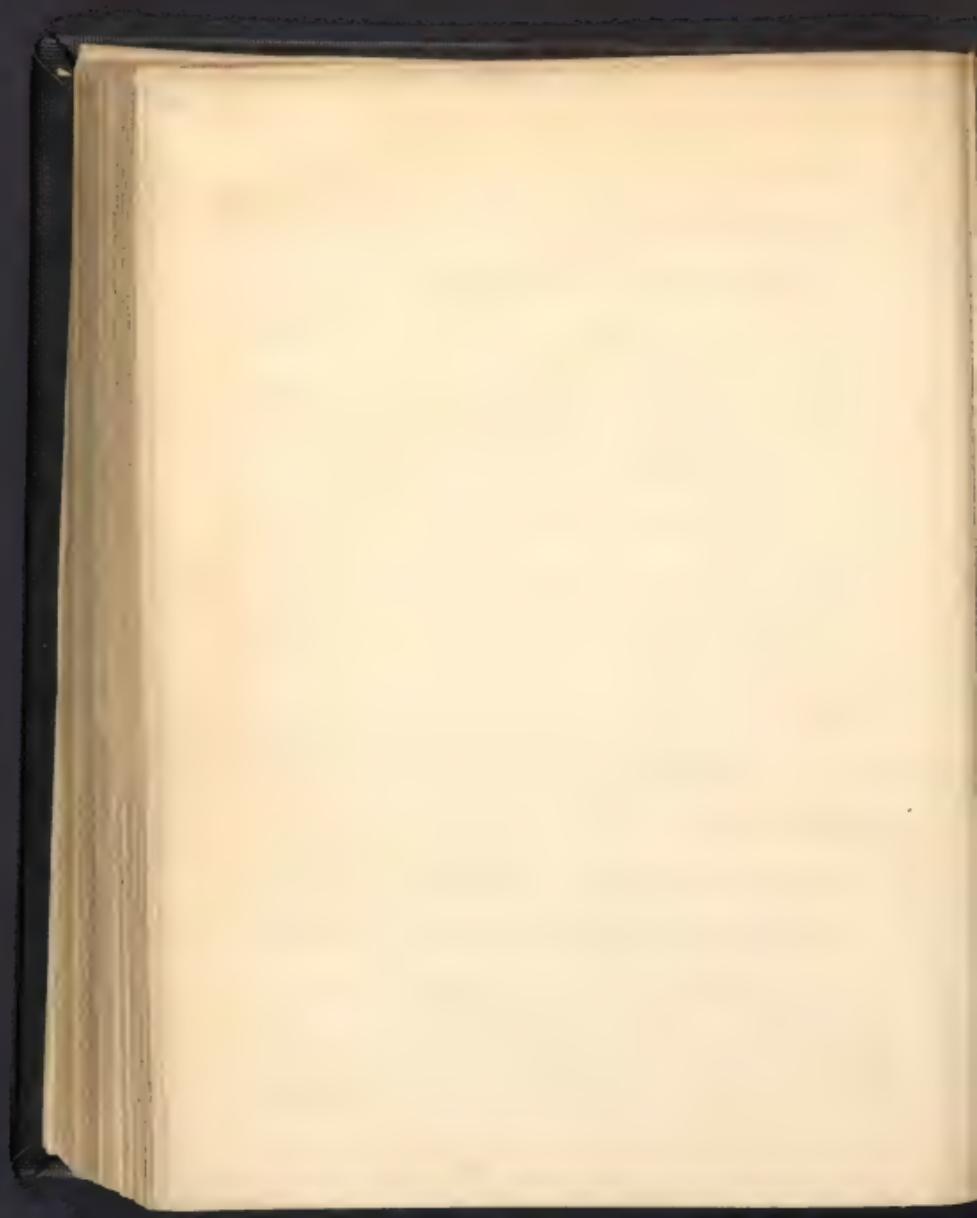
The milk fever is known by a kind of throbbing pain and swelling of the breasts, and the pain being confined to the mammae; but in puerperal fever the pain commences in the abdomen, the breasts become more flaccid than natural, and there is more languor, debility of strength, nausea, and frequency of pulse in the commencement of the puerperal than of the milk fever.

Simple peritonial inflammation is the

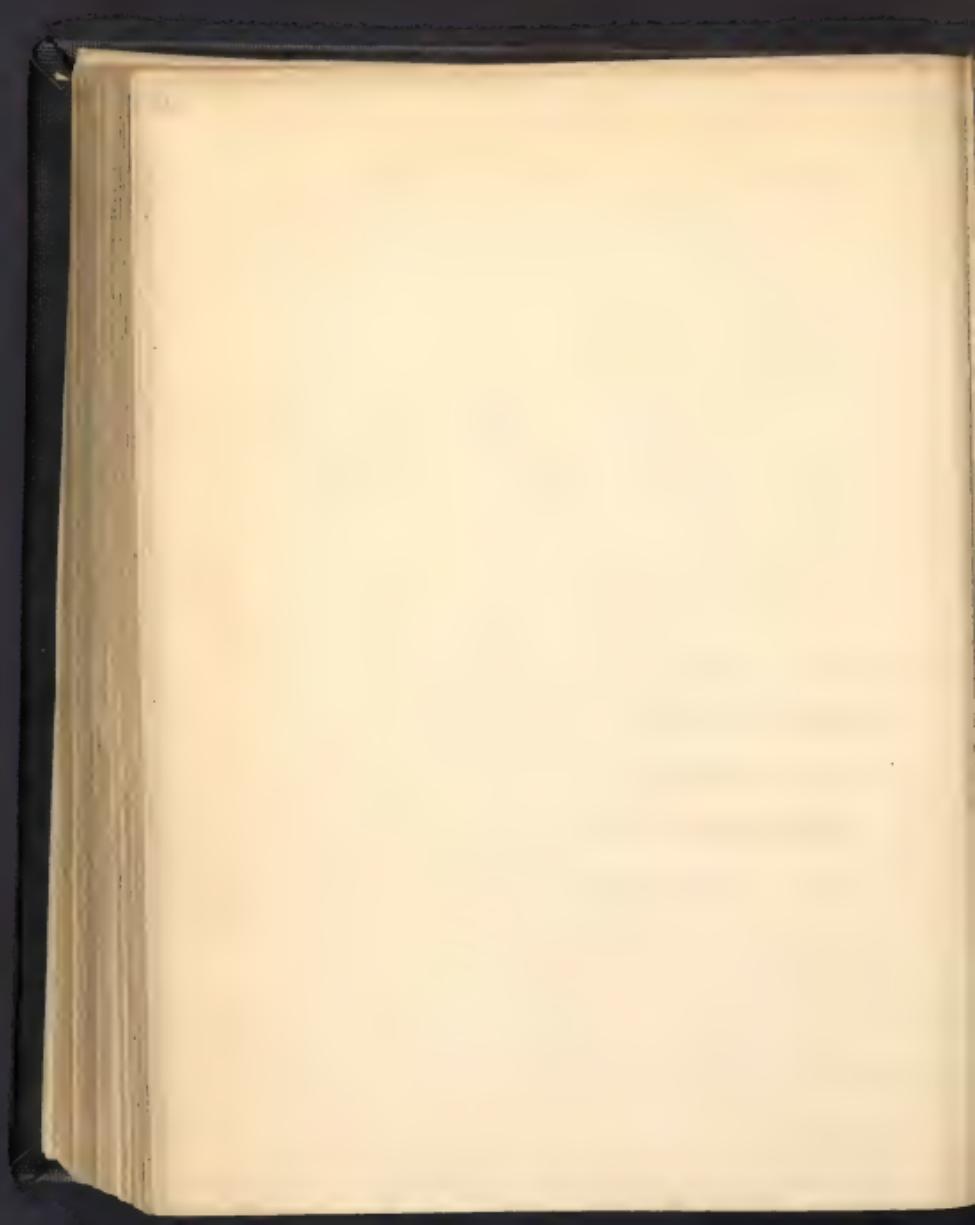


disease which bears the strongest resemblance to puerperal fever; but it never arises from contagion, or prevails epidemically. In puerperal fever, the abdominal pain is not the most prominent symptom: there is more debility, lassitude, and headache, less heat of the skin, less thirst, and less flushing of the face. In venereal inflammation, the abdomen is very tender to the touch. The pain and swelling increases rapidly from its commencement; and the liver is inflamed throughout.

When the disease is very rapid in its progress, often taking the patient in forty-eight hours, &c. &c. after its commencement, it seems agreed on by all accurate writers that the danger is greater in proportion as the affection is sooner after delivery; when the disease comes on at a late period after labour, the prostration of strength is not so great, the pain and tumefaction



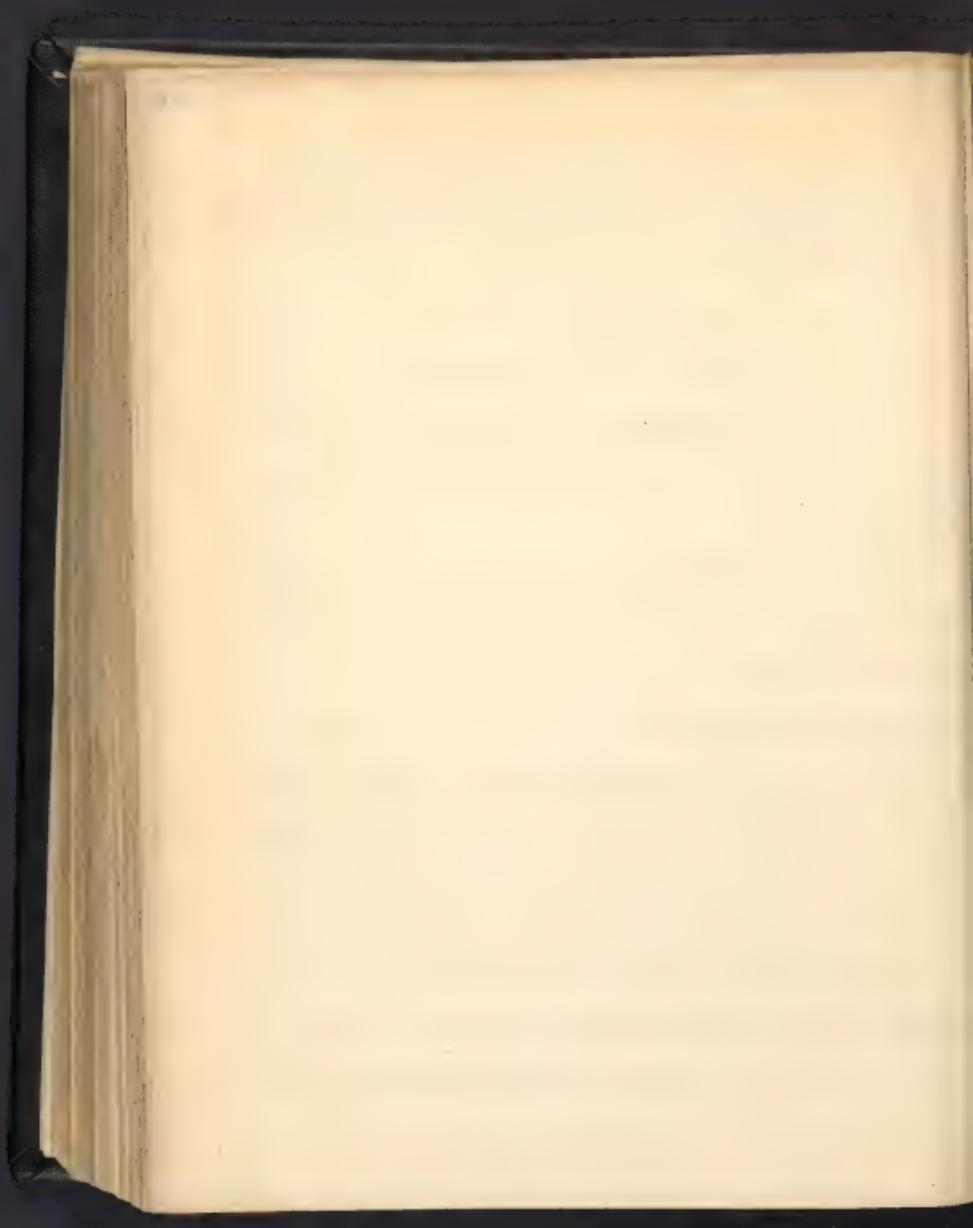
of the excrements are left considerable, and the other symptoms are not so violent. When, foetid discharge of lochia appear, and a gradual separation of the pains and abdominal tension after copious discharges by stool, the pulse at the same time becoming slower and more regular, with a warm moisture diffused over the whole body, the respiration growing easy, deep, and slow, the tongue becoming clean and moist, and the secretion of milk taking place, are to be regarded as favourable symptoms. On the contrary, Dr. Semple observes, that an agitated countenance, with a hurried unconcerned manner of speaking, constant rioting, illustrated with a laying on the arms, pain and description of the chest, visual delusion, imaginary strange sounds and voices, muddling and stupor, are unfavourable symptoms. When the respiration becomes very short and oppressive, with increase of abdominal distension, sudden attacks of pain,



qual frequency and irregularity of pulse, a cold clammy moisture diffused over the whole body, they denote certain and speedy destruction.

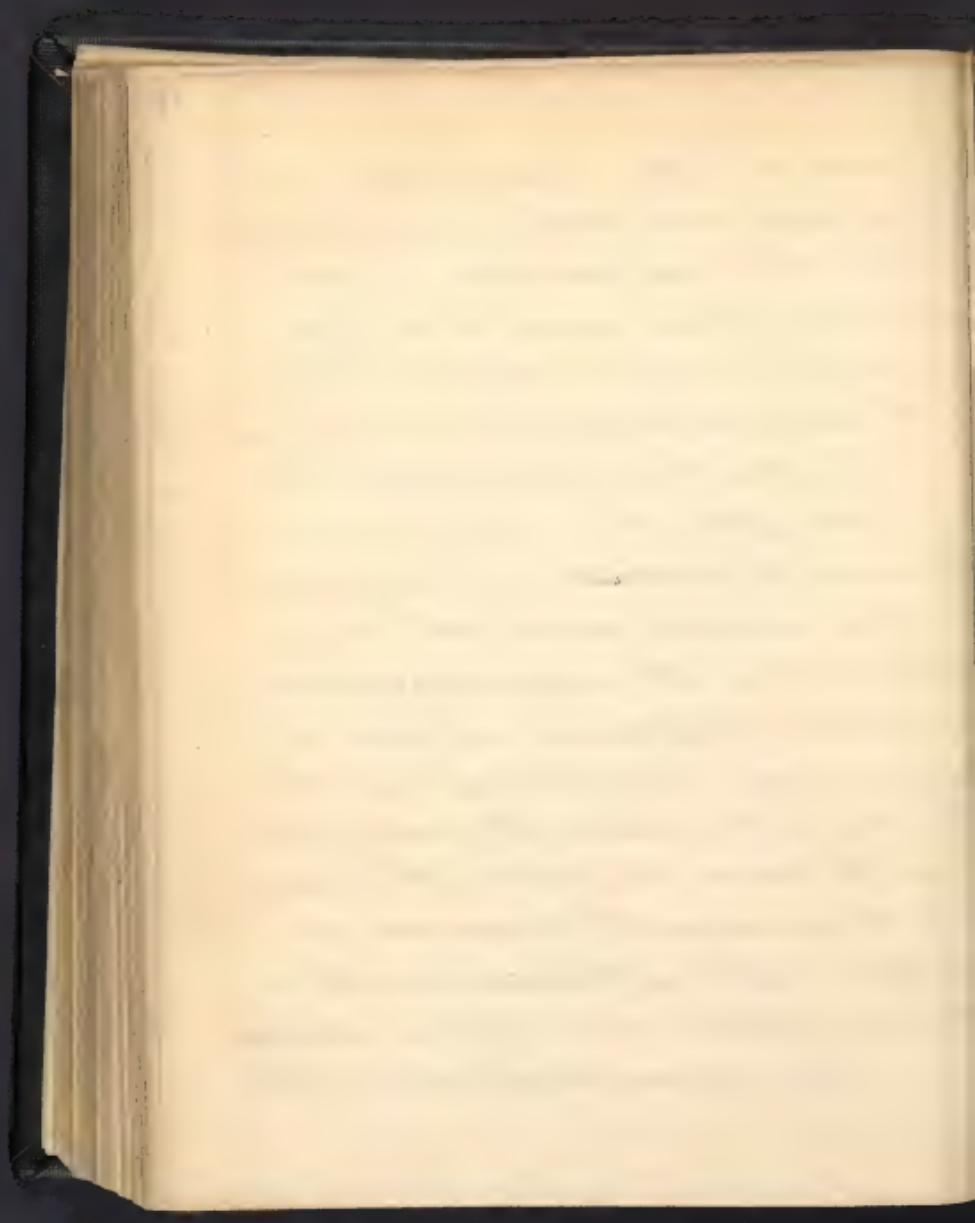
It is supposed that one half of the women who die in child-bed, die of this disease; and according to combustion, three fourths of those who have been attacked with it have fallen victims to it.

The morbid appearances observed on dissection are usually confined to the abdomen; the first thing which presents itself, is a considerable quantity of watry like fluid, similar to that met with in simple peritonitis and sometimes amounting to several quarts. Burn says, that the swelling is neither proportional to the inflammation nor effusion, nor in every instance dependent on them, but on the inflation of the bowels, which results from the relaxation of their muscular fibres, which is so common in the pueral state.



particularly in putridal diseases. The fluid offered
has a peculiar smell, different from any other fluid
found in the human body, either in health or
disease. In a few cases, a dissolution of a cancerous
and venous nature has been discovered likewise
in the head, breast, and colosal cellular membrane.

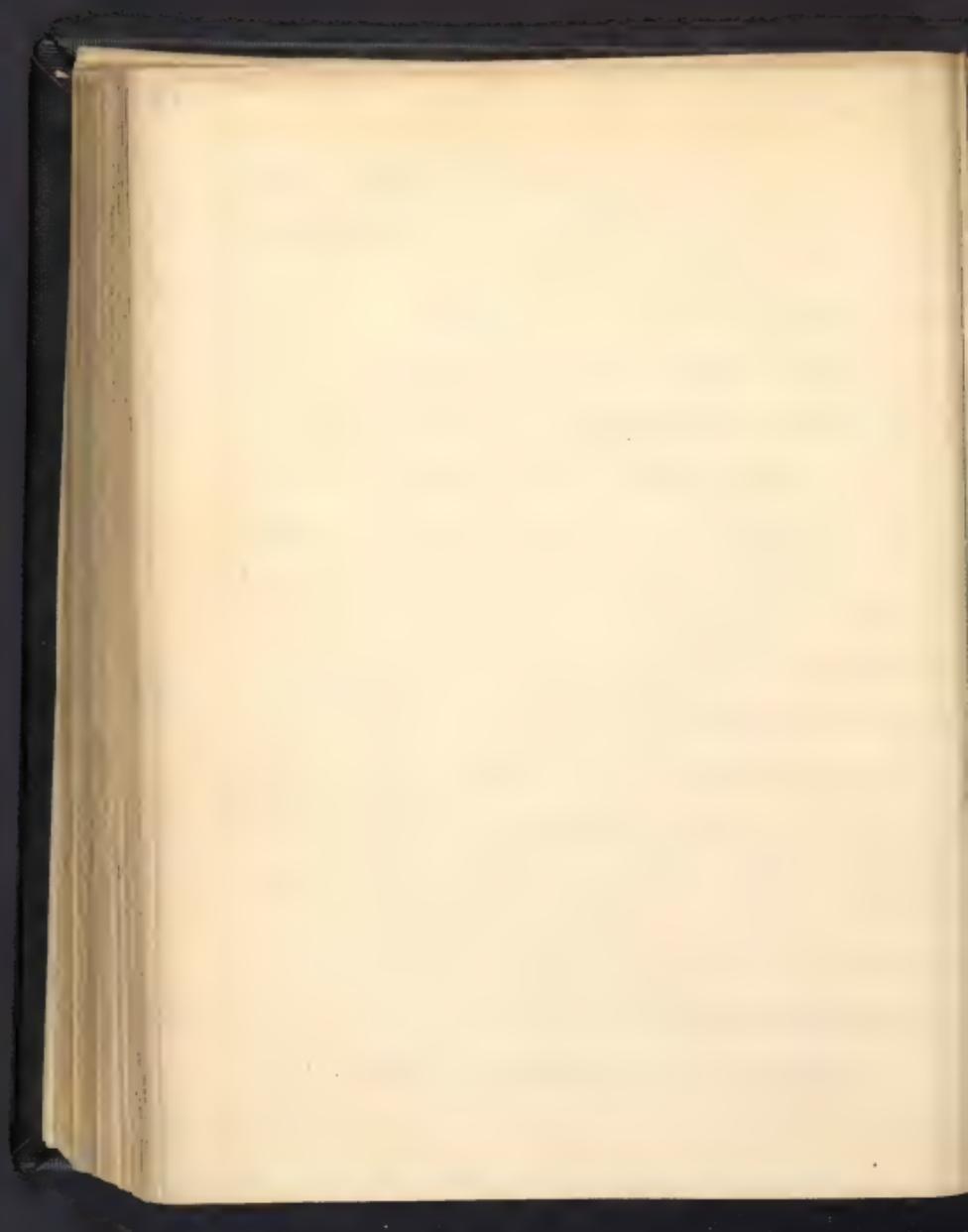
Sometimes the cavity of the abdomen has
been found filled with a matter of a similar
appearance. The peritoneum is generally found
inflamed and covered, as well as the surface
of the intestines, with a layer of coagulated
lymph; the inflammation does not appear to be
confined always to one particular part; the
peritoneum, the omentum, the mesentery, the
liver, the stomach, the intestines, the colons
and its appendages, the bladder, and even
the pleura and lungs themselves, have all in
their turn, suffered more or less from inflammation.
There is no subject, perhaps, upon which



The medical world has divided man, then regarding the treatment of pneumonia from; and the severity of opinion appears to have increased in part, from the different views entertained of the nature of the disease, and partly from the name of beneficial power being given to different dissensions. Most writers have distinguished two stages of the disease: the first, or stage of excitement; and the second, or stage of decaying.

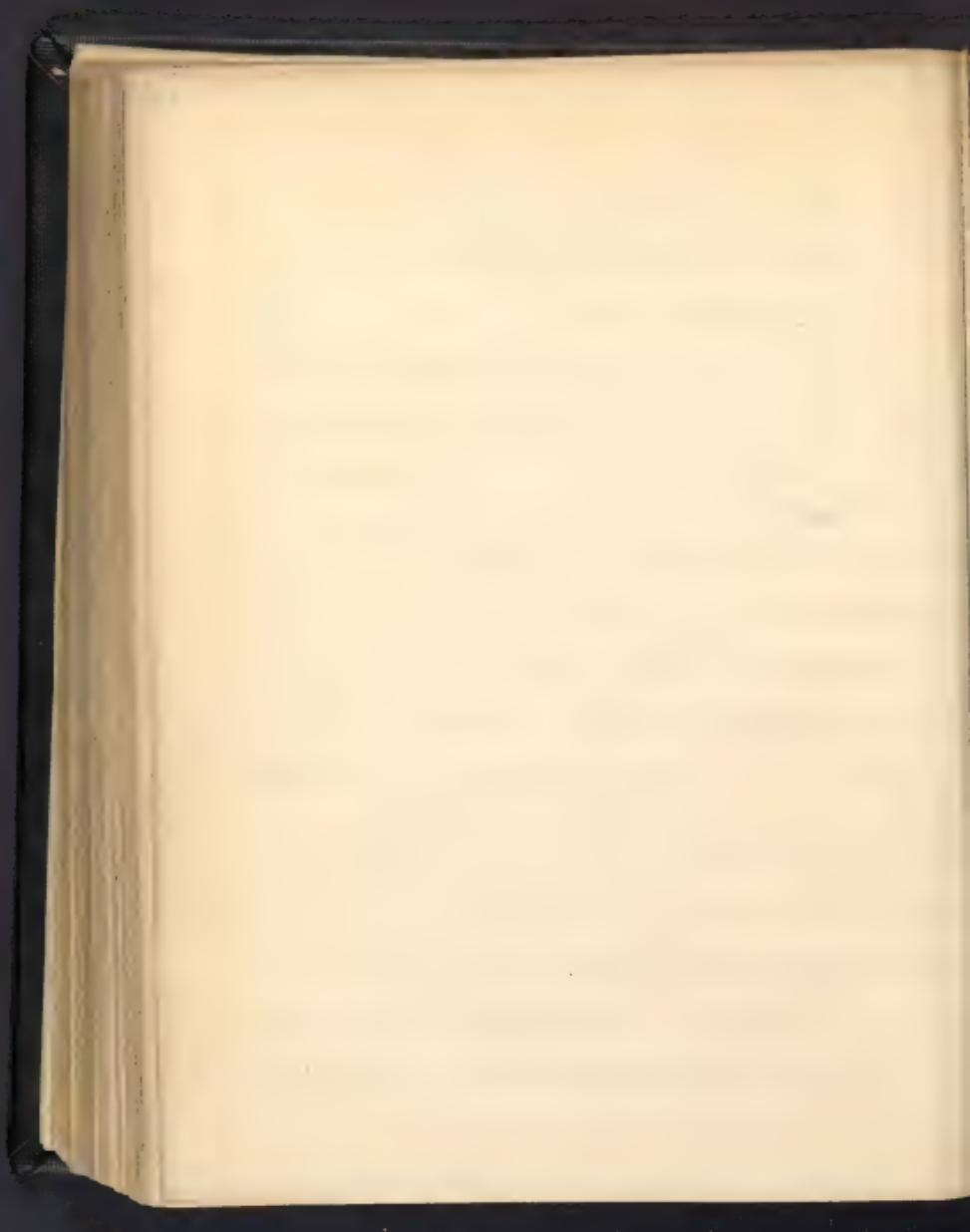
The first stage is violent inflammation, and calls for dilution, i.e. water, emulsion and purging are the remedies upon which we are principally to depend, and those remedies should should be promptly employed, for, in some cases, if the first twelve or twenty four hours from its marked appearance be lost in doubt and hesitation, no human efforts generally speaking can afterwards alone save the case.

It is of much importance in the treatment

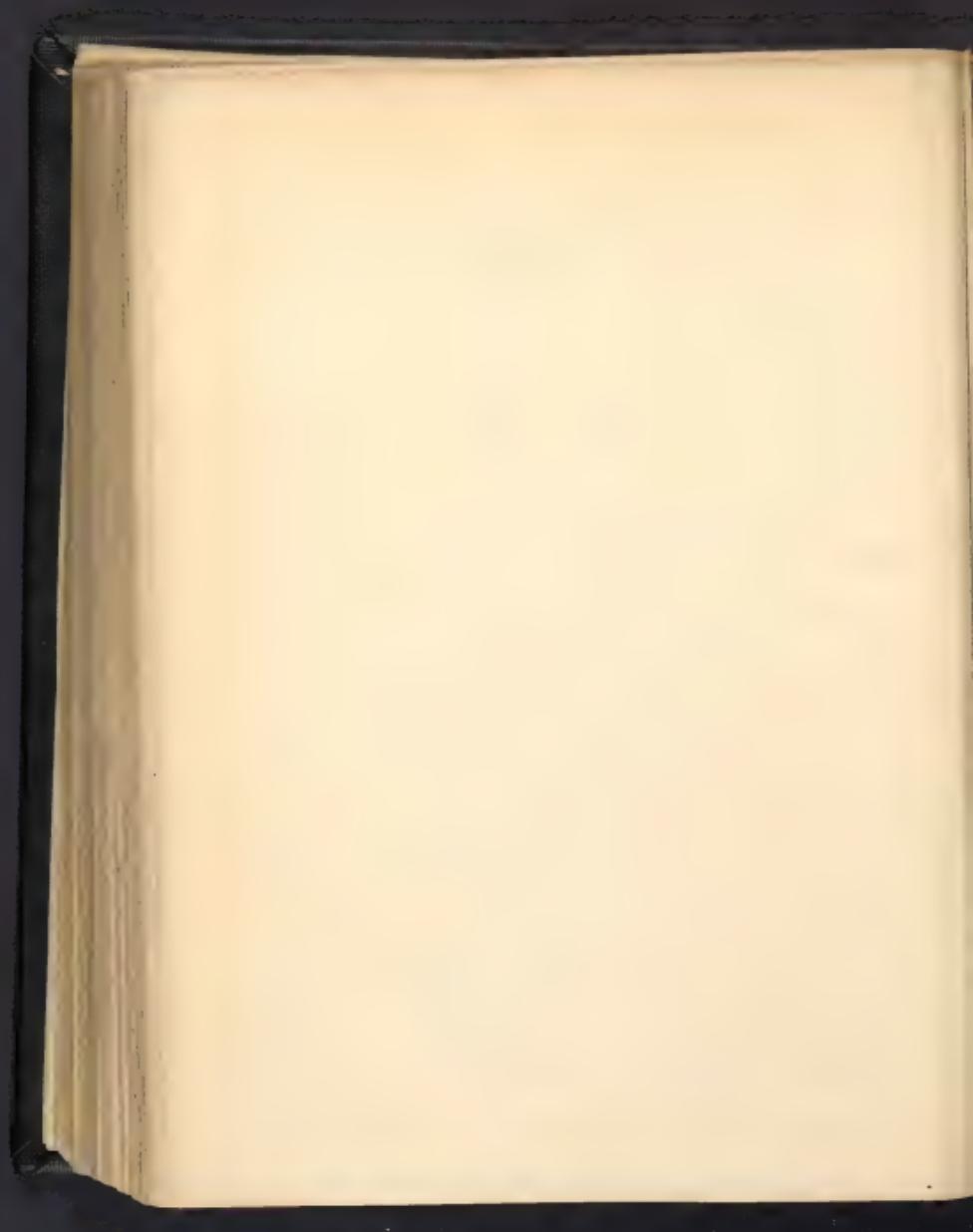


of the disease, to distinguish between apparent and real debility; for in the former case, vital heat appears to be a state of debility, can only be removed by debilition sufficient to take off the coat, by which the strong part is strengthened; but, in the latter case, the period of debilition, at least by the coat, is past, and the debilitated powers of the system must be supported by energetic measures. Dr. Simony says, that the abdominal inflammation is greatest in those cases, which are attended from the beginning by most appearance of debility, and of the vital powers, he further remarks, that it will be found a most fatal delusion to be deceived, by early violent and surging, by the semblance of debility, which only serves as a covering to obscure the active progress of the abdominal inflammation.

The value of bleedings is inestimable, in cases, where the inflammation of any impor-

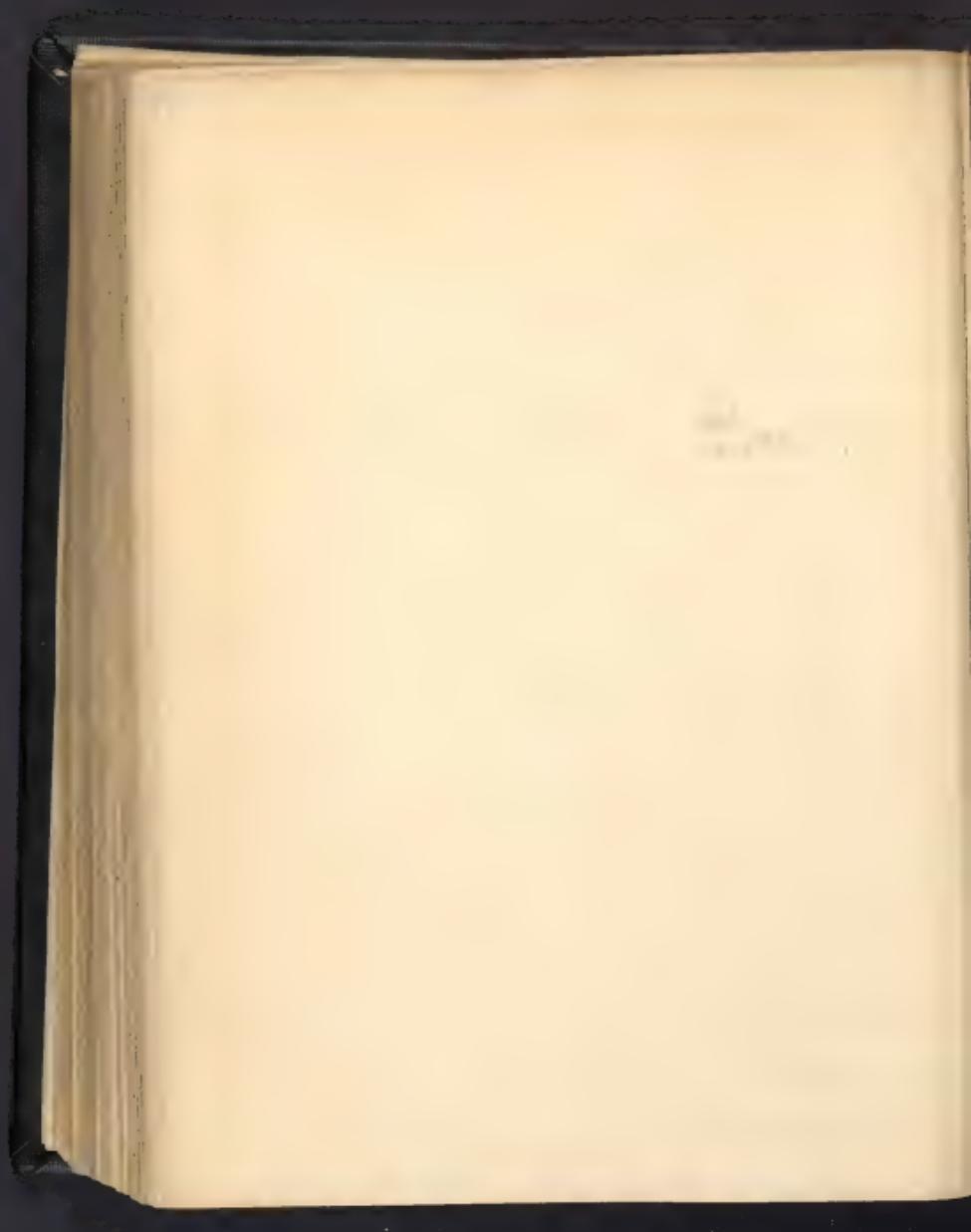


but organ was sufficiently engorged, & where the general excretion is so great as to indicate such an excretion, and the necessity of proportioning bleeding in every instance, to the actual effect which it is observed to produce upon patient and the disease, and, not by any arbitrary measure of success, if we wish to obtain the best effect of the remedy, must be soon obvious to every one. Immediately after bleeding, active purging has been counted to be the most spiritual auxiliary in the cure of purpura, fitted to effect this its indication: Dr. Armstrong, Mr. Gaynor, and a number of other practitioners, were in the habit of administering large doses of calomel, to the amount of twenty or thirty grains, succeeded by such salts as magnesia, carbon etc, or concoctions of rind, so as to induce copious purging, which was continued, for two or three days, or until the cure of the disease was effected.



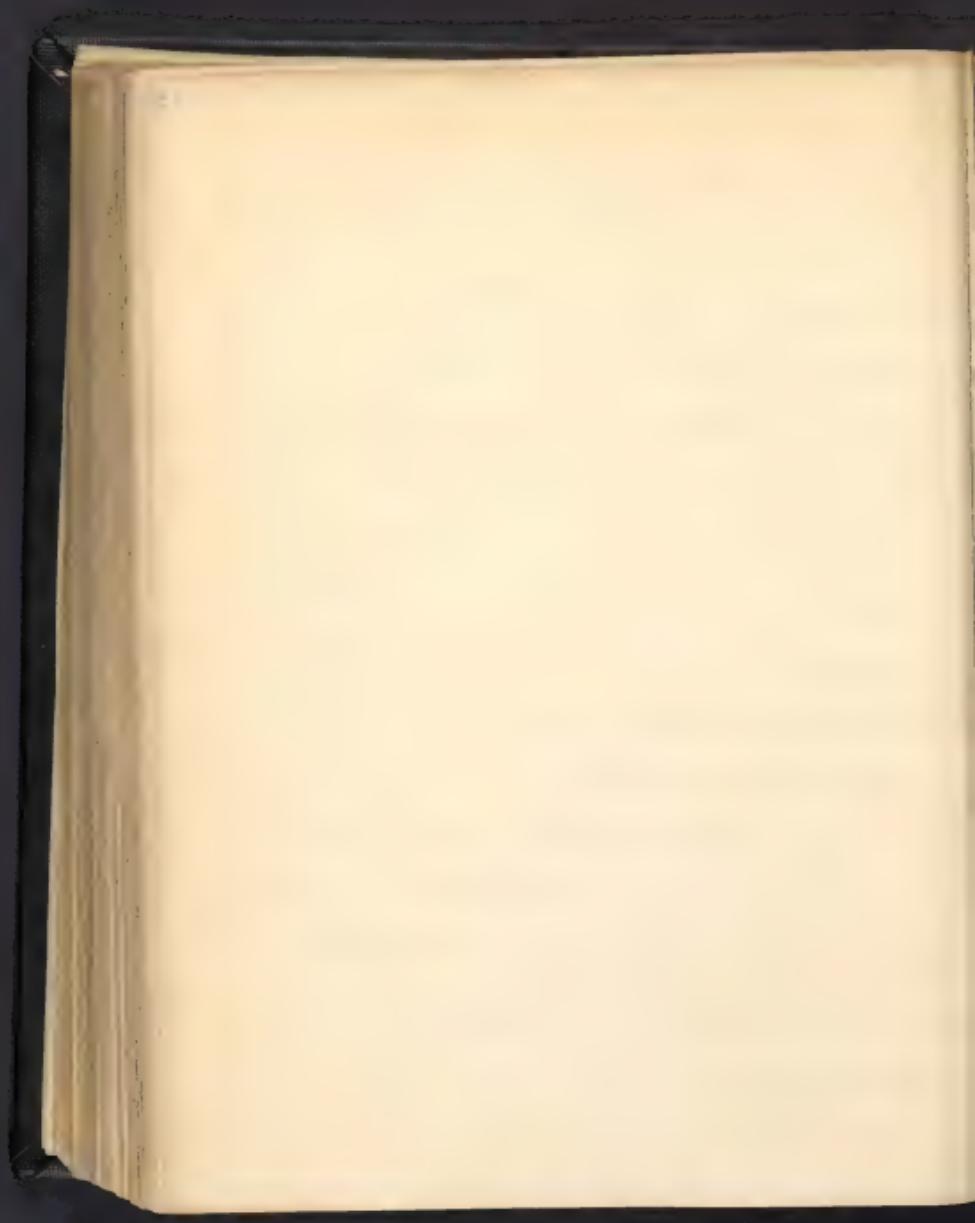
Dr. Gordon says, that not only purgatives are useful in the disease, but likewise blood-letting; and if he saw the patient in twelve or twenty four hours after the attack, he took away from sixteen to twenty two ounces of blood. He then immediately gave a cathartic consisting of calomel and sarsaparilla; after the operation of which, he administered an opiate at night, which he continued together with the purgative for several days.

Notwithstanding some practitioners have treated the disease by bleeding and purging conjointly, others have relied exclusively on purging; among these are Dr. Clark, and Mr. Wolf. The latter says, he relie's principally upon the daily application of purgative medicines, and under this mode of treatment his practice has been generally successful. Perhaps the practice might answer in some parts of Europe, but in the United States where almost every disease appears to be more



sick and rebuked in its language, it would not be likely to succeed.

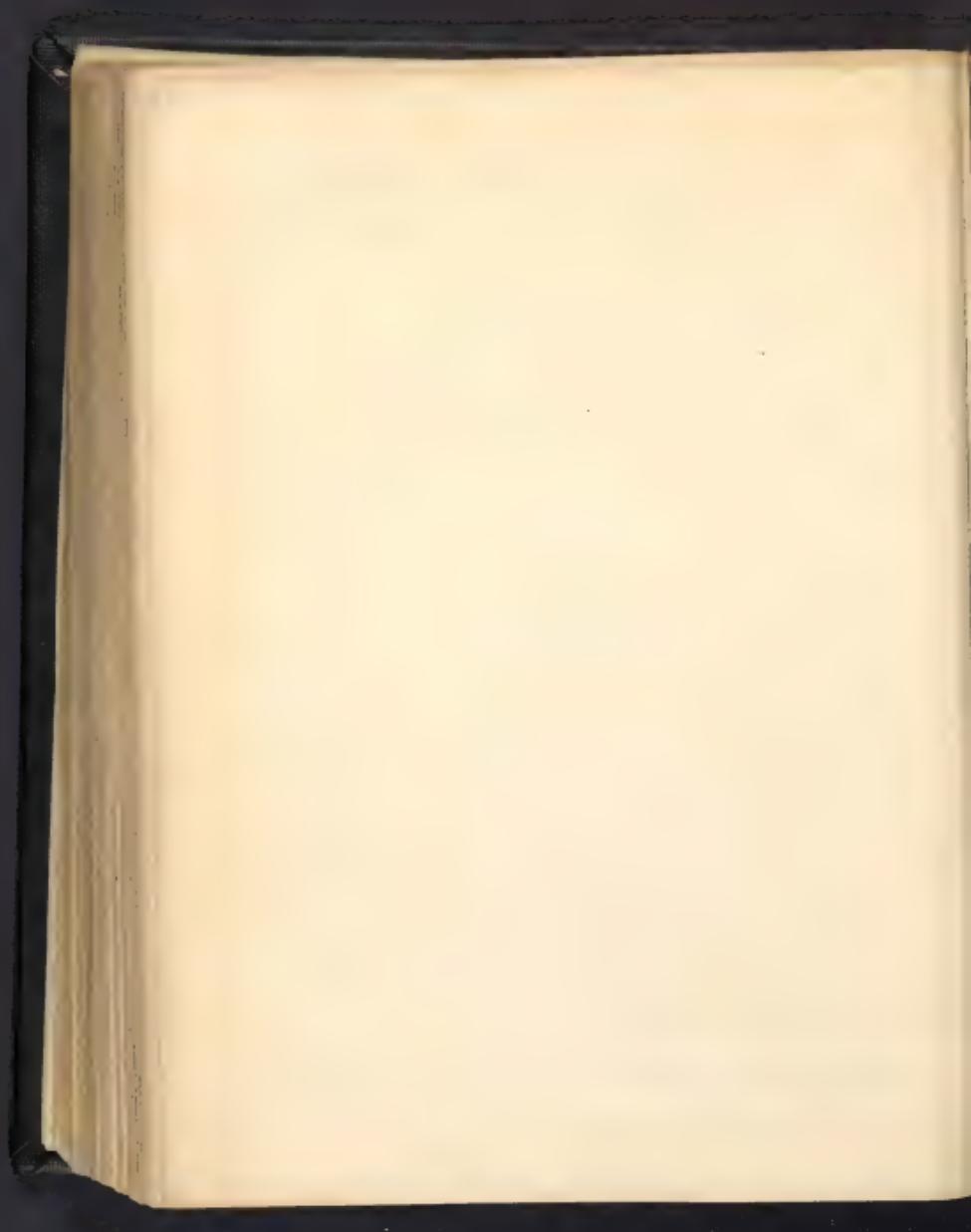
Dr. Johnson and some other carvers, have been傾inuous to the good effects of emetics in prepuital fever. They seem to produce their good effect, by cleaning the stomach of its nauseating contents, and, likewise, by reducing the morbid force of the arterial system. Yet some physicians are opposed to their application, and others derive no advantage from them; saving that the operation of vomiting never fails to aggravate the pain, and exhaust the woman. Besides increasing the irritability of the stomach, to which there is naturally too great a tendency. Iberacanthia has been recommended in small doses frequently repeated, so as to determine to the surface; perhaps its efficacy may be increased by combining it with opium, as in the *Specinis iheracanthia compositum*.



After considering the different modes of healing prepuital fever, and the comparative success of each, I am inclined to think the most rational mode of treating the disease is, in abstracting blood from a large vein until a decided effect is produced, at the first visit of the disease; and, then, freely to evacuate the alimentary canal, which should be continued by gentle purging, throughout the course of the disease.

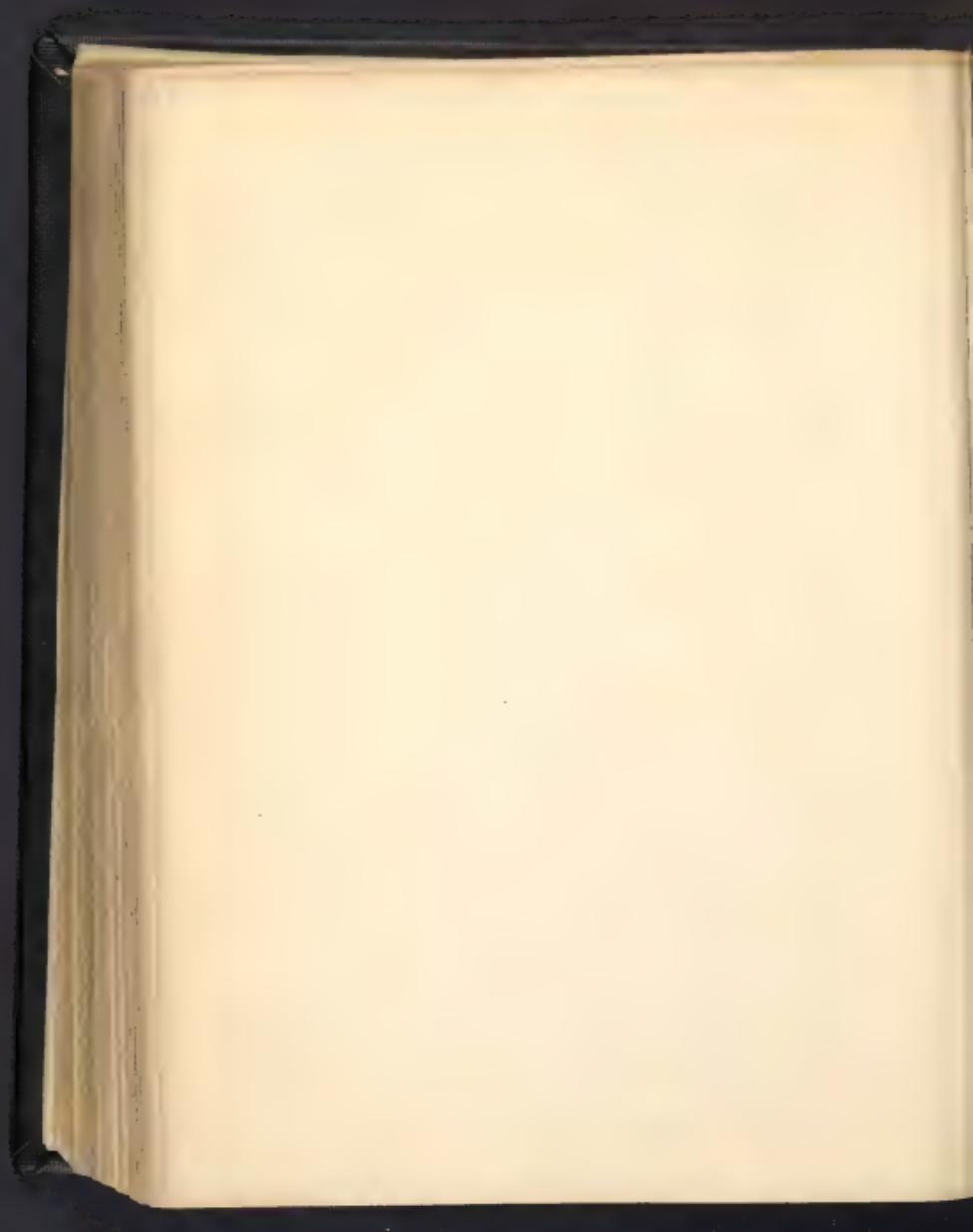
After sufficient evacuation by bleeding and purging, aperients may be used with advantage; the dose of siccum should be proportioned to the severity of the pain, and repeated at short intervals so as to keep up a constant effect; administered in this manner, it relieves the irritability of the system, as well as the stomach and intestines, it also removes pain, restores sleep, and excites moderate perspiration.

The warm bath has been recommended:



and seems to have a good effect when it can be used without subjecting the patient, and is of especial service in the forming or cold stage of the disease, for at that time the animal heat is almost always below the natural standard, if the warm bath cannot be proceeded, bland fomentations should be given, and warm rollers of wool applied to the feet and stomach, which are good substitutes for raising the circulation of the surface, and accelerating the action of the organs of the road of blood by which they are congealed.

Warm and sudorific fomentations to the abdomen are usually prescribed, to alleviate the swelling and distension of the abdomen, for this purpose, a large piece of folded flannel wrung out of hot water, has been used, or a fomentation of small parts of camomile

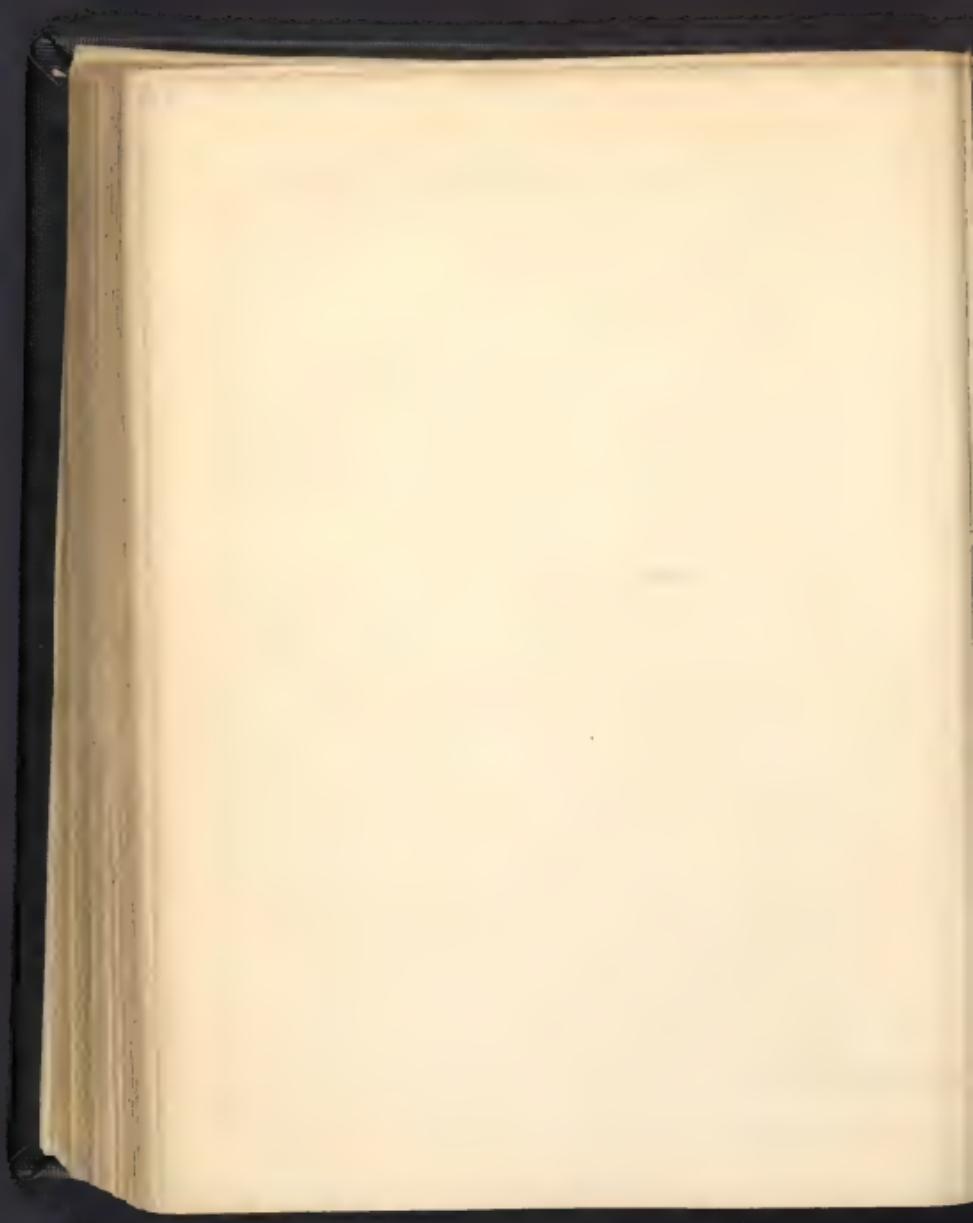


Flowers and bruised frog's heads, applied over the whole abdomen; which should be removed as often as they become cold.

In the commencement of tertian fevers, after evacuations by bleeding, violent sweat often a good effect; but in the advanced stage, the irritation which they produce, have been found injurious.

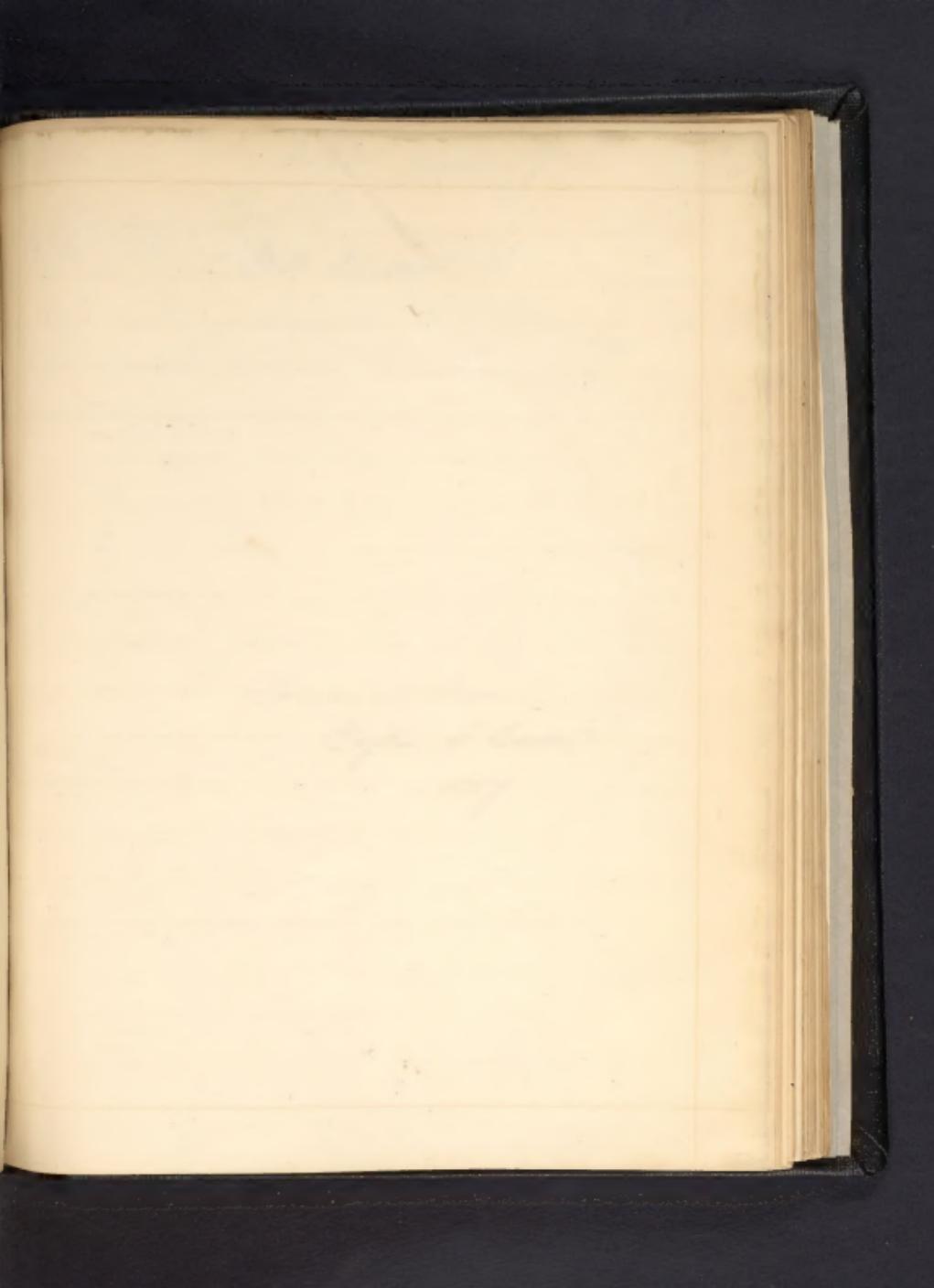
The oil of Watercress, first recommended by Dr. Brunnier of Leiden has been highly spoken of by Dr. Hugh Black, and a few other practitioners in the advanced stage of the disease; but, so far as I know, the remedy has not been much used, and neither experience with it, is necessary to establish its high character allotted to it.

After the fever has continued for one or two days, it often assumes a malignant and fatal tendency. Under these circumstances



the peruvian bark, together with the mineral acids, particularly the muriatic, have been recommended; exhibited in as large doses as the stomach will bear. But it appears from the evidence on the subject, that, the cinchona, when given when the remissions have been tolerably distinct, has not answered the intention as a febrifuge; nor has it been found to answer as a supporter of the general strength, on account of the irritable state of the stomach and intestines, which it has a tendency to increase.

lunes de San Pedro se realizó
una serie de reuniones, las
que tuvieron como tema central
el análisis de las leyes que regulan
los servicios públicos. Durante el
seminario se realizó una
reunión en la que se analizó
el tema de la situación de los
servicios de agua y alcantarillado. Se
explicó la situación de los
servicios de agua y alcantarillado.



Dot-Jones.